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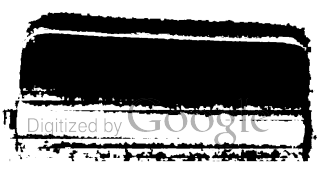

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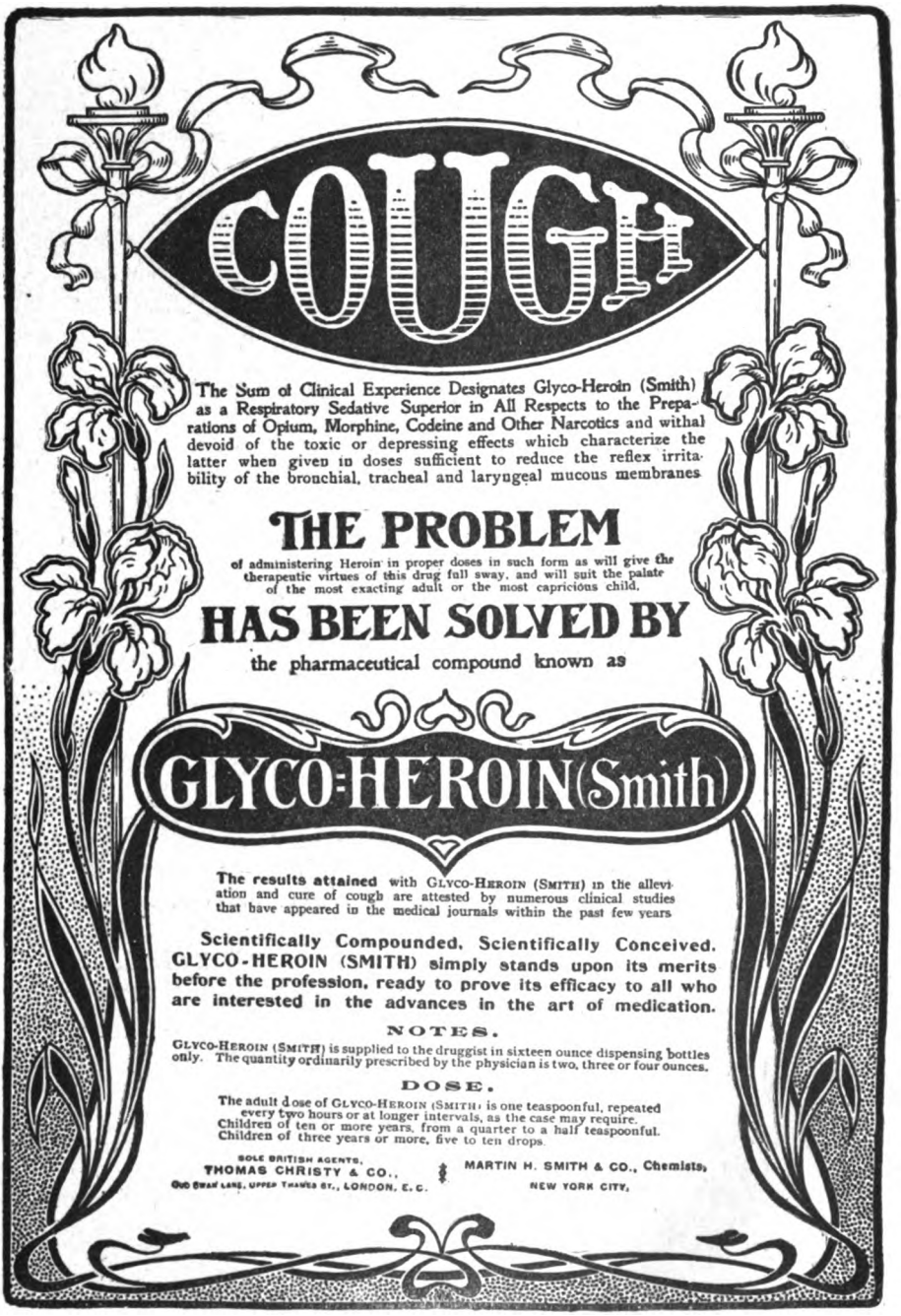
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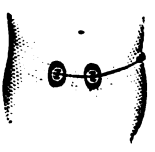

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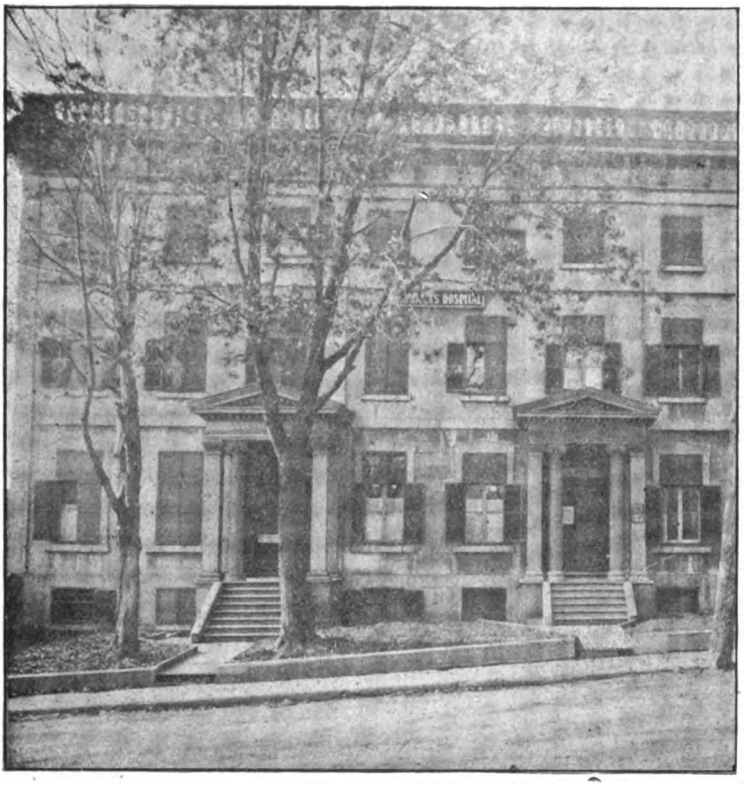

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CANADA
MEDICAL RECORD

FEBRUARY, 1903.

Original Communications.

RETROSPECT OF LARYNGOLOGY.

By G. T. ROSS, M.D., D.C.L.

Post Operative Management of Intra Nasal Surgery.—Goldstein calls attention to the results of neglect in technique. Frequent infections follow even slight nasal operations if the first principle of surgery is neglected, viz., cleanliness—synechia, the *bête noir* of the rhinologist, were much more frequent in the days of liberal galvano-cautery. Now that restriction of this measure has followed greater experience, fewer synechia occur. Myles' long punch forceps are best for the removal of these obstructions followed by Simpson's or Bernay's Compressed Nasal Tampon, covering the lateral surfaces of the tampon with gutta percha tissue. Without the use of this tampon granulations will form on the swollen cut surfaces and new synechia appear. The impression composition used by dentists will later keep the surfaces apart. This procedure is applicable to the after-treatment in Asch's operation. Cargyle membrane is also recommended.

Pus Examination in Middle Ear Suppurations.—Phillips says that routine examination of all cases of suppuration of middle ear should be made immediately after paracentésis. He found in acute cases that if doubtful regarding mastoid operation the finding of numerous streptococci should decide in favour of it immediately. Dench's experience was the same, and he made no

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attempt to abort the inflammation if the case did not improve after incision of the drum in the presence of streptococcus infection.

Prognosis in Chronic Catarrh of Throat and Ear.—Harris says it is a common error to look too intently at the local picture. That most cases were dependent upon some underlying cause, *e.g.*, the lymphatic diathesis, chronic intestinal trouble, uric acid diathesis, etc., so that prophylactic measures were of the greatest importance and the correction of every source of irritation, organic or functional. In the sclerotic form a promise to check the deafness is all that can safely be promised.

Haight (*Chicago*) describes a new aseptic throat mirror made from solid German silver, highly polished and nickel-plated. It can be sterelized by boiling. It has obvious advantages.

Behring asserts that inasmuch as Klebs-Löffler baccill. may be found in the throats of 10 per cent. of the entire population, it must, in many cases, be either a non-virulent variety or else some individuals are immune to its infection The comparative immunity of physicians he describes to unconscious auto-inoculation of the virus in small doses, and he suggests a general immunity and the final disappearance of the disease altogether by the use of antitoxine inoculations. Should these views prove to be correct, the future treatment of diphtheria will consist very largely in its prevention, not as at present by isolation of those having been exposed to the disease, but by removing the natural predisposition to infection with antitoxine injections. Steele says death has been reduced from 65 per cent. to 16 per cent. by antitoxine injections in diphtheria. *Removal of intubation tubes* by electro-magnet is reported, the operation being easily and instantly performed, and is specially serviceable in cases of impending danger due to sudden obstruction of tube.

Anesthetics.—Moser describes apparatus for ether anesthesia in operating on respiratory tract, in which ether is forced

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through a tube by means of a bellows, the tube being held far enough away from mouth and nose to let the operator work unhampered and the patient being kept in a sitting position. We infer this is to continue the anesthesia after the patient is under narcosis. The Davidson anesthetizer is what they use in Throat Department of Massachusetts General Hospital. A curved hard rubber tube is used for continuing ether narcosis, holding tube to side of mouth aided by the gag and so pumping in the ether. The operators there express satisfaction with its qualities.

Elsburg illustrates the value of adrenalin chloride 1–5,000 or 1–20,000 solution in conjunction with a sterile solution of eucain, cocain or Schleich's mixture for local anesthesia. This stops the oozing of blood from wound in minor operations, and, as adrenalin is a cardiac stimulant, it counteracts the depression of cocain or eucain, and also prevents congestion and pain after anesthetic effects are worn off. A new local anesthetic called aconin has been described by Chauvel, and it is said to be non-toxic.

CLINICAL LECTURE

ON BLEEDING, LEECHING AND CUPPING

Delivered at the Montreal General Hospital,
January 5 and 8, 1903.

BY

FRANCIS WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., L., D.C.L.

Dean and Professor of Medicine, Medical Faculty, University of Bishop's College.

GENTLEMEN,—

Bleeding is often styled a lost art, though within the last few years we see members of our profession gradually realizing that even at the present day there are cases where the abstraction of blood is the proper treatment to follow. It is not my intention to say under what circumstances nor in what diseases blood-letting should be used. In the two lectures which I propose to give you I intend simply to instruct you how the operation should be performed, so that you may be prepared for it.

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BLEEDING.

A handkerchief, or better still, a piece of broad tape is to be carried twice around the arm, generally the left, a few inches above the elbow and tied in a bow. This is with a view of distending the vein by obstructing the return flow of blood. In some arms, more especially the arms of men, the veins are very prominent, and this method might almost, in some cases, be dispensed with. In women, especially those of the luxurious class, the arm is generally round and fat. In such people the veins are most often invisible until the flow is obstructed, and even at times so obscure are they, that a more than usual amount of pressure is required to make them show up. This being done, the operator is to choose the one he intends to open. The median cephalic and median basilic are the two veins which present themselves for the operation. The median cephalic is generally the one selected, because it is the safer. The median basilic is generally the larger, and, consequently, yields the better supply of blood. It has, however, the disadvantage of lying directly over the brachial artery, which might, by an inexperienced or careless operator, be wounded. As this artery is at times in an unusual position, it is well under all circumstances to satisfy yourself of its actual situation. This can be done by slightly flexing the elbow, and searching for its pulsation. Having made up your mind which vein you will use, the operator takes his position either in front, or a little to one side, and grasps the arm with the left hand, the thumb of which serves to steady the vein. Holding the lancet, which should be of small size, between the thumb and second finger, the first finger resting on the top, with a sweep of the wrist he makes an incision (not merely a puncture) into the selected vein. Especial care must be taken not to cut the vein in two. An assistant should stand at the patient's side with a large bowl (generally a tea-slop bowl), to receive the blood. It is well that the operator wear an apron and sleeves over his shirt sleeves or coat sleeves. This is to prevent his clothes being soiled, for nearly always the moment the vein is cut a spurt of blood occurs. The moment the cut is made in the vein, the arm is turned to one side and the bowl placed so as to receive the stream of blood. Writers tell us that in the operation not a drop of blood ought to go on the floor or

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on the dress of either patient or operator. This I do not believe. I have in my early days seen as much bleeding, and, in my early professional life, bled as much as most medical men now alive, and I don't think in the majority of cases, it is possible to prevent the first rush of blood from getting away from the bowl. Sometimes the blood does not flow in a full stream. This may be due to two causes; first, the vein not having been sufficiently incised, and second, because of the amount of adipose tissue on the arm, and deep seated position of the vein. Its flow may, however, be increased by having the patient forcibly grasp with the hand a ruler, and move the fingers about. If a ruler is not to be had, most houses have a porridge stick, which will answer the purpose equally well. The amount of blood to be withdrawn depends, of course, upon the character of the patient; from ten to twenty ounces is the average, the former in fairly strong patients, the latter in robust plethoric patients. To enable you to judge of the quantity withdrawn, it is a good plan to accurately measure, in water, the number of ounces you desire to take from the patient. Put this in bowl and mark in ink the height to which it comes. Then throw the water out. When the blood flowing into the bowl has reached the marked point, you know that the required amount has been obtained. Then untie the tape or handkerchief, place your thumb over the wound. A pad of lint, previously prepared, is then placed over the incision and kept in position by a bandage. This is applied by making a turn around the arm below the joint, then going over the pad above the joint, making another turn around the arm at this point, and lastly returning across the pad. The pad should be allowed to remain for two days, when it may be replaced by a smaller one. This in turn may be removed in about three days, by which time the wound is generally completely healed. If it has not, an ordinary piece of absorbent cotton may replace the pad for two or three days. Occasionally, blood cannot be obtained from the arm, or cannot be obtained in sufficient quantity, or you may be called upon to deal with a case where you consider bleeding absolutely necessary, and yet without a lancet to perform the operation. In such a dilemma, blood may be obtained from the temporal artery, the anterior branch of which should be selected. One such instance occurred in

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my experience, and very early—on threshold of my professional life. A little over a year after my graduation I was staying with some friends at Corrie, on the Island of Arran, in the Firth of the Clyde, Scotland. Very early one morning I was called to see an old man struck down by apoplexy; no other medical man was to be had within a dozen miles. I had been taught that in apoplexy bleeding was the correct thing. I am strongly of the opinion, even now, that more cases are lost for want of it than were ever lost by its performance. I was in a difficulty, I had not a lancet. I was, however, in possession of a knife, one blade of which was sharp and never had been used, so I determined to bleed from the temporal artery. I opened the vessel, according to the directions I had received from my professor of medicine, the late Dr. Holmes. I made an incision across it, not so deep, however, as to divide it. I obtained about ten ounces of blood. To prevent the formation of a false aneurism, you must, after getting all the blood you want, divide the artery completely and a pad must be firmly bandaged over the wound. It is advisable to keep always in your mind the directions I have given you, so that you may, without any undue degree of nervousness, perform the operation when required to do so.

CUPPING

Is the most efficient local means of removing blood which we have, and the quantity extracted may be very accurately regulated. It cannot, however, be applied over inflamed external surfaces, and is, therefore, most frequently used in interior inflammations such as bronchitis, pericarditis, endocarditis, lumbago, etc. Cupping may be either "dry or wet," *i. e.*, without drawing or with drawing blood. The operation of applying the cups requires not only care, but a good deal of nicety. Cups made of glass are generally used, but on a pinch an ordinary table tumbler might be used. In my student days I had very large experience in cupping. The method of this application was as follows:—By means of a swab or camel's hair brush the upper half of the interior of the cup was wetted with alcohol, especial care being take to see that when inverted none of the spirit trickled toward the edge or rim. By means of the swab fire was communicated to the interior of

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the cup, which was immediately pressed on the skin. Within a few seconds the air within the cup is exhausted and the skin is elevated into the cup, presenting much the appearance of a half apple with convex surface up. Nowadays the cups are fitted with a little exhausting syringe. The exhaustion of air is more tedious, but possibly on the whole it has its advantages. Certainly you will not blister the patient's skin, which often occurred under the old method by a careless operator. Whether the cupping be either dry or wet, that portion of the body to be cupped should be thoroughly washed, first with warm water and germicidal soap (P. D. & Co.), and then with plain warm water, the cups to be used being placed in boiling water.

When the skin has risen well within the cup, it is firmly held, so firmly as generally to defy removal, until the nail of a finger is pressed beneath the rim of the cup. A slight noise of entering air is heard, the skin, previously raised, falls flat, and the cup is in your hand. This is the operation of dry cupping, and in cases of lumbago it is not unusual to apply six or eight cups at one time. Within a day or two the seat of the cups is covered with echymoses, circular in shape, and which take in the neighbourhood of two or three weeks to disappear. In wet cupping a scarificator is used. This consists of twelve lances concealed in a small brass box, which must be firmly held against the skin. They are set off by a spring and perform the radius of half a circle. Care must be taken that the lancets are scrupulously clean and sharp. Before commencing the operation they must be graduated to suit the thickness of the patient's skin, which can be ascertained by pinching up a small piece between the thumb and forefinger. If the patient is fat care must be taken not to cut too deep or little fillets of fat will protrude, arresting the flow of blood. The cup is then applied in precisely the same way as in dry cupping. Just as soon as the skin rises in the cup, the blood commences to flow, trickling down to the dependent part. When about half full, remove the cup as I have already directed. Then sponge the cut surface with hot water and reapply a fresh cup, repeating till you have obtained the amount of blood which you desire. You then place a piece of dry lint over the cut surface, and with two or three turns of a bandage all further bleeding is arrested. There are one or two points I desire to impress

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upon you, viz., the scarificator must be pressed carefully and firmly against the skin or it will slip and make very irregular incisions. Care must be taken so to apply the cup that it will accurately cover the cuts. As the scars made by the scarificator remain through life, cupping should never be done on exposed situations.

LEECHING.

So seldom are leeches now used in Montreal that I am informed that there is only one druggist in the city who keeps them. Forty years ago every dispensing chemist had them in stock. The true English or speckled leech is the one which has always been used in this country, and about the only one that, though some authors speak well of the Swiss and German leech, can be depended upon to do its duty. It is olive green on its back, with six rusty red longitudinal stripes, often spotted with black. Its mouth is placed in the middle of the oval or buccal disk. Its shape is triangular and within it are the jaws; on the free curved margin of each jaw is about sixty small finely pointed teeth. Leeching is applicable to a great variety of diseases, and was at one time more frequently employed than any other mode of topical bleeding. It is bad practice to use them during an epidemic of erysipelas. The number of leeches applied will depend upon the intensity of the morbid action, as well as the age and vigour of the patient. For an adult a good average number is from fifteen to twenty. In children under five years, from three to six. There are certain localities where their application is inadmissible. The face, neck and other parts habitually exposed, are, if possible, avoided, because leech bites are sometimes followed by disfiguring scars, particularly objectionable in females. They must not be applied to the eyelids, scrotum, prepuce or in fact to any structure abounding in loose tissue, and therefore readily allowing of great infiltration of blood. Nor must they be applied along the course of a superficial artery or vein. Care must be taken not to apply them to centre or focus of an inflamed surface. The method of applying the leech varies with the seat and the number. If a half dozen or more are to be applied to the abdomen, then a tumbler may be used, the leeches placed inside and the tumbler inverted. Wherever the application is to be made the part must be divested

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of all hair and dirt. If two or three are only to be applied a wineglass or small pill-box may be used. If only one is to be, then a small test tube, in which it is unable to turn, should be employed. Sometimes they will not take hold, for its habits are said to be fastidious. It then requires coaxing, a few drops of blood put on the part, or covering it with cream and sugar, will fill the bill as a rule. I have, however, often failed by all these methods. I then take the leech between my thumb and forefinger and pinch its tail. That he does not like this procedure is proved by the fact that the moment the pinch is felt, it turns on the pincher, its temper evidently aroused. This has succeeded with me when all other means failed. Before application the leech must be cleaned; it will come to you in a pill-box, or small cup in which the animal lies embedded in a peculiar kind of moss. Dip the leech in water and then dry it gently with a towel, turning it over between two layers of the towel. If you watch their mode of biting, it will be found as follows. The animal applies his oval disk and fixes it so that the anterior end forms an angle with the other portions of the body. The jaws are now stiffened, and are with their sharp teeth protruded through the mouth, against the skin, which they perforate, not at once, but gradually, with a saw-like motion. As a rule the pain of penetrating the skin is pretty sharp, and lasts for two or three minutes. Once a good hold is taken, the suction of blood commences, and the blood is swallowed as quickly as it is evolved. None of it enters the intestine, but goes into the stomach, which is divided into numerous compartments. Just as soon as they are filled the animal falls off. When this occurs the bleeding should be encouraged by sponging the surface well with warm water and then covering it with a thick folded flannel cloth rung out of hot water and frequently renewed, for a period varing from thirty minutes to two or three hours. The blood having ceased to flow, the part should be sprinkled with a little powdered starch and covered with a dry cloth. If there is any disposition to bleed more or longer than is deemed proper, the bites are covered with burnt calico, which, with a little pressure, generally arrests it. If this is not sufficient, then touch each bite with a sharp point of a stick of nitrate of silver. If this fails then touch them with a live wire. The last resort is to transfix the wound

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with a cambric needle, and by means of a ligature approximate it. The ligature is applied in the form of a figure of eight. Lastly, how are you to dispose of the leech when it falls off. If only two or three have been applied, or there is little probability of a second application, then place the animal in a soup-plate, on which has been spread from a dessert to a tablespoonful of salt. The moment the leech touches the salt he becomes violently sick at his stomach, and in a little more than a minute discharges all the blood he has swallowed and will most likely die. On the other hand, if your patient is poor, and a second application is possible, you might try and save them for further use. This is done by stripping the leech, holding the leech by the tail, in left hand, and stripping it toward the mouth. Then place the animal in a large tumbler filled with fresh water, cover it with cotton, firmly tied on, and prick holes in the cover, so as to admit air. The water must be changed daily. Care must be taken to have the cover on firmly, for I have known them to force it off and start on their travels all over the house.

CLINICAL NOTES.

By GEO. T. ROSS, M.D., D.C.L.,

Fellow American Laryngological, Rhinological and Otological Society. Laryngologist to Western Hospital, etc.

Mucoid Cyst of Left Middle Turbinal.—R. V., aged 16. Canadian, complained of severe headaches and facial neuralgia with occlusion of left nostril. For a couple of months past he had shown marked nervous symptoms. Was anemic, had grown rapidly and was poorly nourished. Had never had any severe illness except diphtheria, and that was some ten years previous to present illness.

Inspection showed a smooth globular tumour of pearly appearance distending the left nostril and pressing on the septum nasi forcing it to some extent into the right naris. As the tumour distended the nostril it hid everything else from view so that the exact location of its origin could not be made out. On dissecting the tumour with cutting forceps a thick semi-transparent viscid fluid was liberated and the cyst contained no other contents. The point of attachment was

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found to be the anterior part of the middle turbinal bone. The result was a complete disappearance of all the symptoms and the part healed rapidly.

Various authors state that these osseous cysts are not of frequent occurrence, and that in some instances polys have been found within them.

Polypoid Excrescence of Tonsil.—G. E. T., aged 24, came in April, 1901, complaining of difficulty in swallowing. He was a well nourished man, rather pale but active, and said he felt well with exception of the trouble referred to. Throat examination showed both tonsils somewhat hypertrophied. From the upper and lateral part of the left tonsil there sprung an elongated mobile structure, having a worm-like appearance. It was smooth, soft and insensitive to touch, with a greyish colour. It projected from the tonsil forming a horseshoe curve and being an inch in length by quarter an inch in diameter, the tip resting on the upper surface of the tongue and giving the sensation of discomfort, for which relief was sought. It was removed by cutting and bringing away with it a portion of the tonsil, the result being quite satisfactory.

Microscopic examination showed the structure to be covered by squamous epithelium, having cylindrical cells in the deep layers, and thus it was similar in structure to tonsillar tissue. The bulk of growth proved to be lymphoid tissue.

Hajek says some masses of polypoid enlargement take their origin from the strangulation of a portion of adenoid tissue while other enlargements are an elongation of the point of insertion of an accessory tonsil. There would appear to be no reason why at any point in the ring of Waldeyer the lymphoid elements should not take on an unusually large development and if such excess of growth occurs at a point where the action of muscular structures would tend to stretch it, the mode of polypoid formation is easily understood. Its infrequent occurrence in the tonsil induced me to report it.

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Selected Articles.

APPENDICTIS FROM A PHYSICIAN'S STANDPOINT.*

JAMES TYSON, M. D., PHILADELPHIA.

Eleven years have elapsed since the first operation for appendicitis was done for me by an eminent surgeon of Philadelphia. The patient was a lad eleven years of age, who had at least two previous attacks, and the operation may be said to have been done after recovery from the second attack. It was successful and the boy recovered without a bad symptom. Since then I have lost no opportunity to study the disease from a physician's standpoint and sought to gather some information whose application might save some of the lives which are still unfortunately lost by this disease. In the course of my observation I have noted the following:—First, that there occur a certain number of cases so evident and decided that no one questions the propriety of operation. These cases are all characterized by the cardinal symptoms of sudden and severe pain, great tenderness in McBurney's point, the rigidity of the rectus muscle, with or without tumour, with moderate fever and frequent pulse—these symptoms being permanent and uninterrupted until relieved by operation. Second, cases in which the symptoms remain permanent with diminished severity, subject to exacerbation to which the term chronic appendicitis may be applied. Third, cases in which the symptoms abate and disappear, to remain altogether absent in a few cases, but recurring in many, often with growing severity, until permanently relieved by operation or the victim is carried off by a final fatal attack.

INDICATIONS FOR OPERATION.

The first category of cases requires no further reference, as the propriety of operation is conceded by all. The second category, that of chronic appendicitis with exacerbations, about which there is usually no uncertainty as to diagnosis, should give rise to no doubt as to treatment, although I regret to say there are still a few physicians who prefer to jeopardize the lives of their patients by deferring operations which should be done without delay. I do not think it necessary to consume time in giving reasons for this view

* Read at the Fifty-Third Annual Meeting of the American Medical Association, in the section on Practice of Medicine, and approved for publication by the Executive Committee: Drs. Frank Billings, George Dock and J. M. Anders.

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further than that I have personal knowledge of a sufficient number of cases to justify this conclusion.

On the third category, however, I propose to dwell a little longer. I allude to those cases in which a seeming attack of appendicitis is followed by apparent recovery. At the outset I announced the proposition that in all cases in which the actual and undoubted existence of an appendicitis can be shown, laparotomy should be done and the appendix removed, if the services of a competent surgeon can be secured. In making this announcement I shall probably surprise some of my medical friends, even a few surgeons, but I beg you will note again what I have said—the appendix should be removed in all cases in which the undoubted presence of an appendicitis is established and the services of a competent surgeon can be secured. I emphasize this statement because I believe, first, that the diagnosis of supposed appendictitis wherein operation has found a normal appendix has not been usually well founded, and, second, that a certain amount of reproach has been brought on the operation by incompetent surgeons whose inexperience has led to diagnosis which was thus unfounded and whose technique has been for the same reason defective.

THE NEED OF ACCURATE DIAGNOSIS.

The diagnosis of appendicitis is not always easy. On the other hand, in my experience, it is often very difficult. I will not take up the time of the section at this hour in pointing out the conditions of a general or differential diagnosis, other than to say that, unless such diagnosis is plain to both physician and surgeon, operation should not be done. Not every case of pain and tenderness in the region of McBurney's point is an appendicitis, and, as I have said, it is the operation based on an imperfect diagnosis which finds a normal appendix, which causes men to say, on the one hand, that operation was unnecessary; on the other, that cases of appendicitis get well without operation. I do not deny that appendicitis may get well without operation, but I do say that if the instances to which I have referred are eliminated, the number of recoveries without operation will be greatly reduced, and in some respects the unfortunate event of finding a normal appendix will be much more infrequent. It is true that such an experience is more or less humiliating, and we can hardly blame the conservative physician who has not met many cases of appendicitis for saying: "I do

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not believe in the operation for appendicitis when the operator finds a normal appendix."

On the other hand, while I admit the possibility of spontaneous recovery from appendicitis, I believe that such cases are so infrequent that when taken in connection with the fact that every single attack of appendicitis predisposes to another and more serious one, and this second fact, that all the classic signs of an appendicitis may disappear and yet the appendicitis remain, I return to the proposition that the appendix in every case of well-founded diagnosis should be removed in order to insure the life of the patient.

AN ILLUSTRATIVE CASE.

In confirmation of this proposition I relate the following case: I was consulted by a lady of 46 for recurring attacks of hepatic colic. That the painful attacks were due to impacted gall-stone is evident, because there were not only the usual symptoms, but calculi had also been found in the stools on several occasions. On Saturday, February 22, Mrs. X. sent for me on account of one of her usual attacks of colic. Before I examined her, however, she said: "I have had a second pain, doctor, lower down." On examination I found an evident hard swelling in the right iliac region, exceedingly tender to touch, as well as actively painful. Appendicitis was at once suspected, but I was so surprised and knew, too, that the family would be so alarmed that I said nothing at the time. At a later visit the same day, however, I announced the fact, and then I learned that she had had at least two similar attacks, one in Paris and another in New York city. She was directed to remain in bed, to have ice continuously applied to the region of the appendix, and to take no food. I also arranged for a consultation with Dr. John B. Deaver for the next morning, but confess to an uncomfortable night, fearing I had put off the consultation too long. Fortunately, at our meeting we found the symptoms had abated, though still evident, and the diagnosis was confirmed. In view of the improvement the same treatment was continued. Each day found the symptoms growing less marked until the morning of Tuesday, March, 4, which had been set for a final consulation, prior to operation, there seemed to me to be none remaining. There was no lump, no rigidity, no tenderness to any pressure which I could exert. The patient said that with the pressure made by Dr. Deaver she was just conscious of discomfort. The almost simultaneous remark by both of

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us on leaving the room was: "Well this attack is over." The temptation to leave her alone was great. I recalled, however, the two previous attacks, and operation was decided on. It was done two days later, the removal of the appendix being preceded by that of the gall-bladder, which contained 101 gall-stones. The appendix was about three inches long and half an inch or more in diameter, nearly cylindrical throughout. It was not adherent except by its normal attachments, but appeared distended. On being cut open it was found filled with white, creamy pus to the amount of at least a dram, probably two drams. The patient made a good recovery and from having been more or less a constant sufferer is enjoying health and life. Whatever doubt I may have had of the propriety of removing an appendix once diseased was removed by the narrow escape of this patient. At almost any time perforation might have occurred, succeeded by a fatal peritonitis.

Again, I was consulted only a few days ago by a young medical friend, who first felt pain in the right iliac region about a year ago. Since then he has been conscious of discomfort in that quarter more or less all the time. Two weeks before he saw me he had an exacerbation, again the day before he saw me and again on the same day. On the occasion of the attack two weeks ago he consulted a medical friend, who declared he had appendicitis, that he could feel the enlarged appendix, and urged the immediate operation. When I examined him I could elicit evidence of tenderness at the edge of the rectus slightly above rather than at McBurney's point, but I found no other signs of appendicitis. I sent him to Dr. Deaver, who found a loose kidney at the position indicated, but no apppendicitis, and decided that the case did not call for operation. With the hint thus obtained, I was myself able to locate the displaced organ. Thus was an unnecessary operation averted, and I believe many of the operations in which normal appendices are found are thus imperfectly based.

CONCLUSIONS.

It is such experiences as these, which have brought me to the conclusion that every case of appendicitis whose diagnosis is thoroughly established should be operated on, always, if possible, in the interval between attacks. Of the diagnosis, however, we should be reasonably certain. In view of the occasional difficulties of diagnosis, it may happen

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now and then that a normal appendix is removed ; but I have come to the conclusion, too, that it is better to have a few normal appendices removed than that one which ought to have come out should remain and cause the death of its owner. The appendix is not an organ of which we need be especially proud. It is useless and exceedingly vulnerable and without powers of resistance when attacked.—*St. Louis Clinique.*

THE DIAGNOSIS AND TREATMENT OF GASTRIC ULCER.

I shall confine myself to the study of gastric ulcer from the point of view of a diagnosis, leaving on one side the therapeutical aspect of the question. In the first place I cannot agree with the opinion of M. W. van Ijzeren, who is inclined to think that the cause of ulcer of the stomach is due to spasm of the pylorus, an hypothesis which appears to me very improbable, since in the majority of cases no such spasm is present; I think we have here an instance of confusion between cause and effect, for we know that hyperacidity of the gastric juice occasionally produces tonic spasm of the pylorus, even in the absence of any ulcer.

Statistical data furnish but few facts likely to be useful in respect of diagnosis. I have investigated some 1,080 cases of gastric ulcer during the last ten years. By classifying these cases according to sex and age, I obtain much the same results as other authors, and I may say the same of the mortality.

With regard to the physical symptoms of gastric ulcer, I do not hesitate to introduce the sound, in order to confirm a doubtful diagnosis ; but as a rule I abstain from its use in cases in which there is no room for doubt. In the presence of profuse hemorrhage I think, however, that we are justified in employing the sound and in irrigating the mucous membrane with iced water, but only for therapeutical purposes.

I have been struck by the large number of cases of gastric ulcer not presenting any hyperacidity. I noted hyperacidity in only 56.8 per cent. of the cases. I observed on several occasions great fluctuations in the degree of the acidity, which oscillated between 28 and 44, 36 and 78, 38 and 54, 29 and 75, etc. The point is one of great importance in cases in which the ulcer subsequently underwent

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cancerous degeneration. Lactic acid was always absent in my cases. Long bacilli were also often absent.

The gastric juice of many of my patients contained blood, although the vomit was not blood-stained, and although the contents of the stomach presented no particular characteristics. Hematemesis was observed in 203 cases out of 304 (125 men and 78 women). The value of this symptom in the differential diagnosis is very great, but we must make quite sure that, in a particular case, the loss of blood is not of another origin. I may call attention particularly to three sources of error: vicarious menstruation, hemorrhages due to grave septic infection, and parenchymatous hemorrhages.

I cannot accord to hemorrhagic erosions the status of a morbid entity. My own observations, particularly in respect of the gastric juice obtained by means of a tube, and also in the fragments of mucous membrane which came away in the water used in the irrigation, lead me to the conclusion that we here have to do with accessory lesions of no particular importance; which heal rapidly, or possibly the early stage of round ulcers, which later on run their usual course.

For twenty years we have made no progress from a diagnostic point of view in the localization of gastric ulcer. We can only guess, except when we find a tumefaction of the pylorus, the symptoms merely enabling us to suspect the existence of a round ulcer. The differential diagnosis must bear upon (1) the pyloric spasm, (2) a muscular hypertrophy, or a cicatricial tumour, (3) a cancerous neoplasm.

There are cases in which it is practically impossible to form a definite opinion, even after minute histological examination, whether we have to do with a slight lesion or a malignant growth. I had two patients in whom, after extirpation of an apparently innocent stricture, the microscopical examination having failed to reveal any cancerous stricture, yet a few weeks later cancer developed. I have elsewhere drawn attention to the fact that malignant tumours are propagated in the mucous and submucous tissues, well outside their apparent limits, and these peculiarities increase the difficulties of the radical operation.

The pain in round ulcer is far from being always typical, especially in cases which run a chronic course, when they are easily confused with gastralgic manifestations from other causes; this is particularly the case in respect of gastralgia associated with the first stage of phthisis, or even in incipient tubes, but I have also remarked it in hernia of the

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linea alba, which, as I have pointed out on several occasions, may lead to errors of diagnosis, the pain attributed to a round ulcer sometimes disappearing after the hernia has been operated upon.

Loss of flesh and cachexia are comparatively rare in gastric ulcer, and are only observed in nervous subjects, or in obese persons, who have taken less food on account of the pain. In such cases the loss of flesh may render the diagnosis somewhat doubtful.

Hypertrophy of the lymphatic glands is only of secondary importance. The state of the tongue is much more important; in cases of ulcer of the stomach the tongue is generally red, moist, with little, or not at all furred.

The complications of gastric ulcer may become the source of very great trouble. Perforation into the abdominal cavity is generally easy to diagnose. Nevertheless, I was once led into error in a case of perforation of the appendix, accompanied by profuse hematemesis. We have no means of discovering whether perforation is imminent. The sooner an operation is performed the greater is its chance of success; but the difficulty of the operation may be enormous if the ulcer is extensive, and if the perforation occurs in the centre of a large ulceration.

Among the "chronic" complications of gastric ulcer may be mentioned hourglass contraction of the organ. In addition to the usual symptoms (the impossibility of withdrawing a large quantity of the water injected, gurgling restricted to the pyloric region, and unilateral distention when air has been pumped in), the diagnosis may be facilitated by the introduction of a thin india-rubber balloon having the shape of the stomach, which is filled with air when in position; this balloon only distends the cardiac end of the stomach, whereas insufflation dilates the whole stomach.

It is often impossible for us to ascertain whether the ulcer has involved the neighbouring organs; at other times, on the contrary, the symptoms are evident (perforation into the pleura, into the pericardium, sub-phrenic abscess, perforation into the large intestine, etc.) The secondary lesions may be mistaken for years for functional neuroses; this is particularly the case in the event of peri-gastric adhesions. The diagnosis must be based on the anamnesis (round active ulcer), on the fact that the pain is always limited to the same spot on the proportion of hydrochloric acid being increased

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or diminished, and on the existence of vomiting unaccompanied by gastroectasis.

An operation has often cured patients who were supposed to be suffering from manifestations or from over-acidity or gastric catarrh.

In young chlorotic subjects a diagnosis is often impossible; we should then try the effect of treatment for gastric ulcer, a treatment the effects whereof are *nil* in neurotic cases, but very manifest if we have to do with an organic lesion.

I will not dwell upon the differential diagnosis of pyloric and duodenal ulcer, and inflammatory conditions of the biliary canals (gall-stone, tumours, etc.) I need only call attention to the fact that in all cases in which the stomach is not directly involved the gastric juice is generally normal in character. Moreover, reflex neuralgia is sometimes of great value in arriving at a diagnosis; they occur when a gall-stone becomes impacted, and are met with in the intercostal spaces, in the scapulæ; often diffuse and periodical, they remind one of a latent intermittent fever, or congestion of the liver. Even then the surgeon is very often the first to throw light on the subject.

Ulcerations of the esophagus are rarely the cause of errors of diagnosis; the localization and nature of the pain and esophagoscopical examination enable us to discard them; the same may be said of tumours or inflammatory affections of the lower part of the esophagus.

With regard to the anatomical diagnosis of the gastric ulceration (a simple ulcer or even—an infinitely rare thing—tuberculous, syphilitic, diphtheritic or uremic ulcers), this can be arrived at by the course of the affection. We must ascertain whether the ulceration is primary, or whether it has been developed in the course of another affection; moreover, in such case the ulceration remains latent, and is of anatomo-pathological rather than of clinical interest.—Dr. Ewald, Berlin, *Med. Press and Circular.*

HEMORRHAGE IN TYPHOID.

Avoid all movement, writes Mitchell Bruce, even for the use of the bed-pan, collecting the stools in a properly arranged towel. Reduce diet to a minimum, giving, for example, half an ounce of peptonized milk every half hour, or a teaspoonful of meat jelly every hour. Thirst may be relieved by wetting tongue and lips, or with a teaspoonful of

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quite warm water, plain or acidulated; this is better than ice. A hypodermic of morphine arrests peristalsis and aids in producing sleep and mental rest. An attempt should be made to stop the bleeding by astringents, the most powerful of which is a mixture of lead acetate, morphine acetate, and diluted acetic acid in water, or lead and opium pill, or lead acetate suppositories, or an ice-bag may be applied to the right iliac fossa. Brandy is to be given, with the finger on the pulse, in greatly reduced doses at very short intervals, in milk, so that whilst the heart is never excited by the alcohol, its strength is sustained. The value of hamamelis, ergot and turpentine is still an unsettled question. —*Treatment in Practical Medicine.*

THE TREATMENT OF PNEUMONIA.

Sir D. Duckworth (*British Med. Journal*, November 15) says the treatment of pneumonia is strictly the treatment of the patient suffering from it. It is a simple disease in children; it is not a dangerous disease in the young or in those who have been previously healthy; it is more dangerous to those who have reached forty years of age; it is extremely dangerous in the old, and absolutely fatal in the drunkard. A warm bed and careful nursing are essential parts of the treatment. The appetite is lost, and there is no object in forcing food; the patients usually do well on a fever diet, milk and beef tea. A temperature of 102° or 103° F. appears to be a necessary part of the disease, and no steps should be taken to check it so long as it keeps within limits; but anything over 105° F. may be called hyperpyrexia and demands attention. Sponging with ice water, the use of a cradle under the bedclothes to which buckets of ice are suspended, or ice bags, are usually effectual. The best drug to use is quinine in five grain doses every two or three hours. A simple fever mixture of potassium citrate and ammonium acetate is often of service. Delirium is usually seen in elderly alcoholic patients, whose cases often prove fatal. Insomnia, especially if it occurs toward the crisis, is a very grave matter. The author advises the use of morphine in small doses in those cases in which there is no involvement of the kidneys. Failure of heart power is a serious thing, and manifests itself either by cyanosis or by irregularity and weakness of the pulse. For the former nothing is better than moderate blood-letting; for the

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latter strychnine given hypodermically, or musk, which is of the greatest value in pneumonia. As regards alcohol, some patients do not require it. In the majority of cases from two to four ounces of brandy are sufficient in the course of each day. In winter-time hot poultices may be applied to the affected side; in summer, cotton wool sprinkled with spirits of camphor. Dry pleurisy is a constant accompaniment or part of pneumonia, and the pain of it may be relieved by the application of two or three leeches.—*N. Y. Medical Journal.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

THE NATURE AND TREATMENT OF PRURITUS.

It is altogether possible that Pandora never dropped to earth a more distressing evil than pruritus. It is true that intense itching will not produce death, but it will drive a patient to actual frenzy. It makes sleep impossible, causes the sufferer to lacerate his flesh, and in other ways it is a most distressing affliction. Pruritus may affect certain localities of the body, or it may be general—affecting extensive areas of the body, or the entire cutaneous surface.

As seen in practice, pruritus is generally associated with eczema or some affection of the skin or mucous membrane, but occasionally there is no visible lesion to account for its existence.

Pruritus Universalis—attacking extensive areas of the body or the entire cutaneous field, may occur in patients of any age or sex, but it is most frequently seen in those who have some affection of liver, kidneys or abdominal organs. Pregnancy and the menstrual epoch are times when this form of pruritus visits some women. Old people also have it without assignable cause.

Pruritus Localis attacks certain regions of the body as if by preference. Pruritus ani is the most common form. It is seen in association with hemorrhoids, seat worms in children, eczema and other conditions.

The affection first shows itself near the muco-cutaneous junction and extends forward to the perineum and backwards

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to the coccyx. It gives most distress when the patient is in bed or in a warm room. It generally comes on at times when the patient is most annoyed by the visitation.

Pruritus Genitalium.—This may be seen either as *pruritus scroti* or *pruritus vulvæ*, and it is frequently seen associated with pruritus ani. The intense itching which these types of pruritus entail is so fierce that often a most pronounced form of induced or artificial eczema is found to coexist.

Patients who have pruritus vulvæ or pruritus scroti have attacks on the street, in the theatre, while shopping, etc., and the power to repress the desire to scratch is almost lost. One lady who suffered with severe sttacks of pruritus frequently went into convulsions when severe attacks of the affliction visited her on the street-cars and other public places.

In both pruritus scroti and vuluæ we will find great excoriation and dermatitis as a result of the itching which is induced by the affection.

Pruritus Palmaris and *Plantaris* are types frequently seen, but they are generally of a very evanescent character.

Pruritus Hiemalis, which bears the name of winter itch, is often seen. It affects the thighs and calves of the legs and produces the greatest degree of discomfort and distress. It never annoys the patient in summer, but visits him when cold weather appears and remains until the return of spring.

The treatment of pruritus will, in order to attain results, have to comprehend remedies which are taken internally to correct any constitutional dyscrasia or disease that is present, and remedies applied locally to counteract the pruritus and subdue the associated dermatitis. When both of these indications are intelligently looked after we shall attain results that will please our patient. But in many cases only local treatment is necessary.

When the patient needs an alterative drug, as is frequently the case, we can get good results from regular employment of extract alterative (Wheeler's). In nearly every case we can get more rapid results by giving the patient Wheeler's calcium and bromide compound. This remedy has a splendid action on all affections of the skin and it also builds up the general health of the patient.

If anæmia or uric acid poisoning or any other disease condition is found associated in the case, we shall, of course, have to give such remedies as are indicated to overcome it. The good judgment of the physician, enlightened by the

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study of the case in hand, will leave nothing to the imagination.

As a local remedy to subdue the inflammation of the skin and allay the pruritus there is no remedy which equals noitol. This remedy is the most speedy and effective remedy in the relief of pruritus that is known to the profession. It is very prompt in all forms of pruritus, and in eczema it brings relief that delights the patient. Noitol should be applied to the affected surface with a hair pencil or soft sponge three or four times daily. In severe cases it should be applied oftener.—Robert C. Kenner, M. D., Louisville, Ky., in *Chicago Clinic.*

ARTERIOSCLEROSIS.

Treatment.—In treatment much depends upon a regular habit of life. These patients should avoid emotional strain. Exercise should be regular, but not excessive. Alcoholics and tobacco should be interdicted. Above all, the food supply should be reduced to a diet which secures metabolic equilibrium, but nothing should be taken beyond this. The interdiction of meats on the theory of a uric acid diathesis is false; but patients should be given a due proportion of proteids, carbohydrates and fats. It is possible to obtain from milk and eggs all of the nitrogen that is needed; if these agree with the patient, he may obtain them from this source; but there is no evidence that they are better than meat. The chief difficulty is in reducing the total quantity of the food in liberal feeders to an amount required for the nutrition; on such a diet the patients often complain that they are being starved.

The medicinal treatment in the complicated cases depends upon the underlying conditions. Before there has been extensive damage to the vital organs the treatment must consist of a recognition of the cause; if faulty nutrition, this must be corrected by diet; if toxæmia is present an effort must be made to eliminate. If syphilis is recent, a vigorous antisyphilitic course must be instituted.

Temporary relief may be obtained with nitroglycerin. Large doses can be taken without disagreeable symptoms. The dose is to be regulated by the idiosyncrasy of the patient. Iodide of sodium in small doses, 5 to 7 grains three times a day, well diluted, continued for months, has been useful, but no medicinal treatment is of avail without careful

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attention to the personal hygiene of the patient.—H. N Moyer (*Medicine*).

Digitalis is always a dangerous drug in arteriosclerosis; cactus and valerian are much more useful without the attendant risk. When digitalis has to be used, Merck's digitalin is personally preferred. Morphine may have to be employed in cases where pain becomes the most prominent symptom. The main indication is to treat the patient's general condition. The diet must be carefully regulated, all sources of worry must be removed, gentle exercise must be insisted upon, and, where a heart-compensation has failed, the patient must be put to bed. In these cases the use of resisted movement, as employed by Schott at Nauheim, is of very great importance. Better than digitalis or any other of the supposed heart-stimulants is nux vomica. If it is desired to produce the same effect by hypodermic medication strychnine should be employed.—Delancey Rochester (*Med. News*).

Persons suffering from beginning of arteriosclerosis should not be without occupation. If the condition known as lithæmia, or masked gout, develops, and the patient is leading a very active life, he may have to change his occupation. The key-note of success in the management of arteriosclerosis cases in their primary stage is specific control of the amount of exercise to be taken and absolute regulation of the diet. If the patient has been accustomed to alcohol for a good while and a certain amount of stimulation seems necessary, then he should be limited to the use of whisky. While the amount of food taken must be limited, limitation must not go to such a degree as to cause impairment of nutrition. Loss of weight is a bad sign. Instead of limiting the diet too much there should be an increase of excretion by the emunctories. For this blue pill and salines should be taken symptomatically.

Gray powder and quinine—of each 3 grains—should be taken at intervals of three weeks to a month. Between times the bowels should be kept open by means of Carlsbad salts or sodium phosphate.

In the second stage all violent exercise should be avoided. There should be a simple, nutritious diet and no overloading of the stomach. Acute dyspeptic attacks are best relieved by purgatives. For the feelings of discomfort that develop in the precordial region the nitrites give transient relief and nitroglycerin for a little longer. The use of these re-

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medies should not be continued over long periods. Iodine and its salts are said to be the drugs of arteries. Five to fifteen grains of an iodide three times a day render blood-pressure lower and more constant and do not allow it to be easily disturbed by reflex irritation. Potassium iodide is most depressing, and should not be given whenever there is cardiac insufficiency already existent. Hydriodic acid is the least depressing, and serves best whenever there is gastric irritability. It may be given in the syrup of hydriodic acid in doses of 2 to 4 drachms three times a day.

All heart stimulants should be used carefully. If heart compensation is good, digitalis is contra-indicated. In failure of compensation this is of great value. It should be given for a week, or even for a month if needed. Small nightly doses three or four times a week serve to keep up the heart-nutrition. Iron and cod-liver oil should be given freely, and, in general, nutritive remedies employed as soon as any retrograding of the general condition is noted.—Egbert le Fevre. (*Med. News*).

ASTHMA.

Etiology.—Three factors are required for the production of asthma. These are called the "asthmatic tripod," as follows: (1) a vulnerable area of mucous membrane; (2) an abnormally sensitive nerve-center; (3) an external irritant or exciting cause. If all these three factors are present at any one time, one will have an attack of asthma. No two of them can produce an attack; all three are required. If one of them is removed, the attack of asthma will not return. The first factor for the production of asthma may be situated in the nose, naso-pharynx, pharynx, larynx, or bronchial tubes. The various names given to the different varieties of asthma are derived from the locality of the vulnerable area of mucous membrane. The second factor may be either inherited or acquired. The neurotic element in asthma has been observed by all writers. Uric acid, oxalic acid, and the oxalates may produce abnormal nerve-centers. The third factor is difficult to determine in some cases, as there are a number of irritants and exciting causes.—John North (*Amer. Med.*).

Passiflora Incarnata in.—Passion flower (*Passiflora incarnata*) possesses hynotic and antispasmodic powers, and in

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sufficient dosage it would probably act as a narcotic poison. Even in moderate doses it may in some cases provoke nausea and emesis. The combination of relaxant influences gives it peculiar value in allaying asthmatic paroxysms and in preventing their full development. It may be given in tincture or fluid extract. The dose is from 10 to 30 minims well diluted and given from every ten minutes to every half-hour until relief is experienced, emesis caused, or drowsiness induced. Half a fluid ounce of the fluid extract has personally never been exceeded in the course of two hours. Patients have fallen asleep after six doses of 10 to 20 drops each, given every ten or fifteen minutes, or after a single dose of 1 fluid drachm. In 2 out of 8 cases its use produced but slight mitigation of distress and was abandoned. In 6 cases rebellious to other methods it gave prompt relief.—S. Solis-Cohen. (*Amer. Med.*).

THE NATURE OF ACETOZONE.

Acetozone, formerly called benzozone, is said to be a benzoyl-acetyl-peroxide. According to Novy and Freer (*Pharmaceutische Centralhalle*, July 31, 1902), it is an excellent antiseptic, which should be preferred in every respect to corrosive sublimate. It is specially recommended in gonorrhea, particularly in women, and also in puerperal fever and other diseases. It occurs as a crystalline body, melting at about 30° C., and, if heated gradually, it slowly decomposes and evaporates. Acetozone is not sold in a pure state, but is mixed with an indifferent powder in equal parts, so as to facilitate handling and promote durability. As a rule, the preparation is used in saturated watery solutions, which are prepared by shaking the powder vigorously with water and filtering. Internally, it may be given in capsules containing from four to five grains each three times a day. In filling the capsules it is well first to triturate the powder with lycopodium, powdered licorice, or sugar of milk. Acetozone may be used as dusting powder in the proportion of one in five parts of boric acid or talcum, or in the form of ointments from one per cent. to five per cent. in strength.—*New York Medical Journal*, Sept. 13.

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GASTRIC ULCER.

The treatment of hepatic colic by olive oil internally is of ancient date, but Prof. Mathieu, of Paris, by a series of experiments, has come to the conclusion that the same treatment is highly beneficial in cases of stenosis of the pylorus, and in chronic gastric ulcer, where an excess of acid existed.

The olive oil possesses a considerable nutritive value, and, besides, does not provoke gastric fermentation, as is observed with the lactic regimen.

The amount of the oil ingested daily was about 5 ounces, given in three doses. The patient seemed to take it without much reluctance, and after about a week of the treatment the painful gastric symptoms had disappeared.—*Dublin Medical Press.*

MEDICAL TREATMENT OF THE INSANE.

Aconite is indicated by sensation of fear; the patient is afraid of everybody and everything; very sensitive; wants to be alone. It is more liable to be indicated in patients who have been engaged in literary pursuits, the disease having located in the front portion of the cerebrum.

Belladonna is indicated by violent delirium, followed by a dull, drowsy condition, the central or upper portion of the brain being the seat of the trouble. The religious lunatic may need this remedy.

The pulsatilla patient is a weeping patient, with a constant fear of impending danger. The disappointed lover, who loses his reason, and the case of amenorrheal insanity may need this remedy, the difficulty being in the back portion of the cerebrum.

Phosphorus is called for by inability to think; the patient cannot keep his mind on the desired subject, and often mutters to himself; very indifferent. Feeble-minded patients whose mental faculties have been overtaxed may need phosphorus.

The ill-humoured, quarrelsome patient, who cannot tolerate noise, and lacks power to control his muscular action, will be benefited by nux vomica. The onanist, and the man whose sexual appetite has ruined his intellect, may need this remedy, the base of the brain being the diseased portion.

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The epileptic lunatic will be benefited by the persistent use of enanthe crocata (water hemlock), and in this class of cases santonine, or sulphur, may be indicated.

These remedies, for the indications specified, are invariably to be given in small doses. How they act, or why they will remove the abnormal conditions mentioned, I will not attempt to explain. Let the unbeliver throw aside all prejudice, and investigate for himself.—*Chi. Med. Times.*

TONSILLITIS.

The treatment for tonsillitis is quite plain. To reduce the temperature and overcome the inflammatory condition, we have no better remedies than aconite and jaborandi. As phytolacca seems to have a direct effect on enlarged or inflamed glands, we must not forget this remedy, combining them in this porportion:

℞ Tincture Aconite..... ...20 drops.
Tincture Jaborandi.....2 drachms.
Tincture Phytolacca.....20 drops.
Aqnæ Dist.....q. s.....4 ounces.

M. Sig.: Teaspoonful every one to two hours as to severity of case.

With these simple remedies, and the occasional use of the mustard foot-bath, we will find our patient gradually improving. For a local application, nothing is better than the glycerite of tannin, tincture veratrum, tincture ferri, chlorate of potash, or the witch hazel, as they may suggest themselves to your minds in the different cases. Medicate hot water, letting the patient inhale the steam, or use your local application with the automizer or camel's hair brush, and never use the gargle. Give inflamed structures a rest. If the disease is so far advanced that suppuration is inevitable, use the flax-seed poultice as hot as can be borne, to hasten suppuration. Evacuate the pus with a bistoury, exercizing care in its use not to injure other parts. Then use astringent to parts, and give tonic treatment.—Dr. W. L. Gleason, in *Chicago Med. Times.*

SODIUM CITRATE IN DIABETES.

This drug in dosage of one and one-fourth to two and one-half drachms has been found by P. Dalche and M. Cateret (*Bull. Generale de Therapeutique*) to be a valuable adjuvant to more powerful remedies in causing a diminished secretion

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of sugar. It does not upset the stomach, as its decomposition sets free citric acid, which is well borne. It may cause diarrhea. In the urine, besides loosening the sugar, it causes decrease in the urea, and increase in the phosphates and chlorides.—*Med. News.*

ACETOZONE IN TYPHOID FEVER.

Dr. Westinghouse, physician to the Buffalo Hospital Sisters of Charity, in the Buffalo *Medical Journal* for August, 1902, says he has had an extensive experience in the use of acetozone in the treatment of typhoid fever, briefly reviews a few of the more severe or complicated cases that passed through his hands. In all forty were under observation. Complications were many and varied, and the patients were admitted during all stages of the disease. However, there were no instances of hemorrhage, and not a single fatality occurred.

Acetozone treatment was begun immediately, and was usually followed by a gradual decline in the temperature until the normal was reached about the fourteenth day. Convalescence was rapid, though the patients were retained in the hospital a considerable length of time to guard against relapse. The relaxed condition of the bowels subsided, so that the occasional use of the enema or a laxative became necessary.

Not the least useful effect of the acetozone was diuresis, which was marked. One person voided 112 ounces of urine in twenty-four hours, with a corresponding amelioration of typhoid symptoms, tympanites and delirium disappearing. In all the cases the clinical diagnosis was confirmed by Widal's reaction, Ehrlich's test and blood count.

The author is of the opinion that acetozone, as an intestinal antiseptic is unequalled by anything he ever employed. The treatment consisted in simply allowing the patients to drink the saturated solution, *ad libitum.* It was substituted for all other liquids, and, when the thirst was not sufficient to insure the consumption of considerable quantities, the patient was urged to take it freely.

EPILEPSY, THE USE OF CHLORETONE IN.

Chloretone is a drug which, in selected cases, is an excellent substitute for the bromides. It is a drug which gives good results with decreasing dosage after the primary effect is obtained. In administering the drug, it is usually

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put up in capsules; and sufficient is given in the beginning to produce a hypnotic effect. In a large class of epileptic cases the fits occur most frequently at night, and one dose of 15 or 20 grains is given at night until a drowsy effect on the following day is produced; if the desired results in reducing the number of fits is obtained, the dose is reduced one-half and the patient kept on this indefinitely. The dietetic, hygienic, and constitutional treatment is rigidly enforced in conjunction with the administration of the chloretone. D. J. McCarthy.—(*Inter. Med. Mag.*)

The ætiology of typhoid fever will for long remain one of the most interesting of medical problems. Since Eberth, in 1880, discovered the bacillus that is known by his name, little progress has been made on the subject. That the bacillus is the toxic agent has, we believe, been demonstrated; but it yet remains for us to learn the conditions under which the bacillus develops its toxin. Some progress has, however, been made; we have come to the knowledge that the Eberth bacillus, when passed in the liquid fæces of a patient, is innocuous, and remains so for some time. It has also been ascertained that its vitality is great, and that typhoid fæcal discharges are not rendered aseptic by being buried in the soil. Indeed, recent investigations go to show that such a method of disposing of typhoid dejecta is about the most dangerous that could be adopted. When the bacilli-charged stool is poured into the earth the bacillus quickly acquires its characteristic properties and soon makes its way to the surface of the soil, where the fæcal impregnated soil has furnished the *Musca domestica* a suitable resting-place. At this point medicine awaits the aid of the bacteriologist to learn the life history of the Eberth bacillus. From clinical observations it seems probable that in the earlier metamorphoses of the bacillus, in what we may call for convenience sake the spore stage, miniature bacillus may be inhaled and make its way through the pulmonary tissues. That typhoid is usually water-borne may hold good for large cities, but it altogether fails to explain the prevalence of the disease in hot, dry countries, or in camps of modern armies where the water is sterilized by boiling. The statement that in camps soldiers prefer to drink contaminated water and take the risk of typhoid rather than use the sterilized water is to charge them with an absence of common sense. We view the out-

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breaks of the fever difficulty. We consider that in hot climates the dust storms and dust laden air not unfrequently carry bacilli spores, which will account for a certain percentage of cases, not a large percentage. In camps the common house-fly is the principal agent in disseminating the poison. The latrines of the soldiers and the stools of the hospital patients are the feeding places of the flies, and the dejecta of one patient affords sufficient material to infect a thousand. The warmth of the tents and hospitals attracts the flies, and the milk, meat, and indeed all the food on the premises, become infected. This source of infection is the great danger of typhoid fever in a farmhouse from which milk is supplied, either direct to families or to creameries. The active part that the house-fly plays in producing epidemics of typhoid it was impossible to judge of until Dr. Packard, of Boston, 1874, made known its life history. We are too much given to formulate our opinions on disease from facts ascertained in this country without taking into account the course the disease runs elsewhere. How different the conditions under which typhoid occurs in Australia, and how dissimilar the symptoms. We have no explanation of the immunity of the native of India to the disease. He drinks notoriously unclean water, he suffers from such filth diseases as cholera and plague, and from a form of relapsing fever, with purging, and, although the European resident gets typhoid, he goes free. Neither in this country nor in France has the disease during the last two decades of the nineteenth century been so typical of the classic descriptions of Louis and Jenner than it was. It is, however, satisfactory to recognize that we can by sterilizing typhoid stools immediately they are passed do much to stamp out the disease. To secure this very desirable object the antiseptic should not be a volatile one, for all antiseptics of that nature, such as carbolic acid and admixtures of the creoline series, are practically useless; the antiseptic volatilize and the period of suspended animation of the bacillus passes off, and he acquires his virulence and activity in undiminished amount. A trustworthy antiseptic in such cases is a solution of pure sulphate of copper, which should be poured into the night chair immediately before the patient defæcates. The copper salt not alone sterilizes the stool, but it is a poison to flies. We have also learned the necessity of keeping all food under gauze or other covers, so that it may not become infected. But until we know the life history of the bacillus our prophylactic measures will be incomplete.

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SURGERY.

IN CHARGE OF
ROLLO CAMPBELL, M.D.,
Lecturer on Surgery, University of Bishop's College; Assistant Surgeon, Western Hospital;
AND
GEORGE FISK, M.D.
Instructor in Surgery, University of Bishop's College; Assistant Surgeon, Western Hospital;

FOREIGN BODIES IN THE EYE.

William M. Sweet (*Jour. A. M. A.*) says that the size of a splinter of iron or steel and its approximate position in the eyeball should be known before an attempt is made to extract it by either the medium sized or the giant magnet.

The X-rays are the most certain method of diagnosis in injuries from all kinds of foreign bodies.

The large and medium-sized steel magnets are of value in determining the presence of iron or steel, but negative findings cannot be accepted as conclusive evidence of the absence of the metal in the eyeball.

The Haab magnet is superior to all forms of smaller magnets in extracting iron or steel from the vitreous chamber by way of the anterior chamber, but the great power of the instrument requires that it shall be used with caution.

When the body is to be extracted through an opening in the sclera close to the previously determined position of the metal, the medium-sized magnets are shown by experiment to be as effective as the giant magnet. The entrance of the magnet point into the vitreous is harmful, and should never be attempted except when other means of extraction have failed.

BUNIONS.

These painful enlargements are amenable to static sparks and galvanic applications with cocaine. If simply painful, a fine static spark, drawn through the shoe, will suffice. Treat for ten minutes or more. In making the static application, a point in the centre of the bunion will be found to be anesthetic. Concentrate the sparks at this point until the

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patient feels the current, when the sitting may close, to be repeated as often as may be necessary. Insulation is not necessary in these cases. The anodal spark has been used as a rule, but as it seems to be the rapid vibrations that are beneficial, either pole may be applied, but the machine must be run with a rapid motion.

If a bunion be very much inflamed, the galvanic anode, with cocaine, may be used to advantage until ready for the static spark.—*Philadelphia Med. Times.*

INGROWING TOE-NAILS.

Probably no minor complaint is more distressing, and yet has so little attention at the hands of the general practitioner. The laity have learned that the stereotyped advice is to wear larger shoes and to have the nail removed. They wear larger shoes, but know of so many operative failures that they will not submit to the ordeal. In fact, plenty of able physicians could not remove a toe-nail properly if called on.

There are many things which can be done for this trouble without resorting to operation, and, indeed, some of them will cure almost every case, even if extensive ulceration has developed. Assure the patient of relief following the first treatment, and a permanent cure if the proper kind of shoe is worn afterward. Precede treatment by dropping a few drops of a four per cent. solution of cocaine on the ulcer; do not attempt to inject in the first few seances. If you get reasonable anesthesia, trim the edges of the nail enough to insert a small pledget of cotton moistened with the solution, and complete the treatment by rubbing all the antiseptic, well moistened soap under the nail where the pledget rested that you can get. At the next treatment, a few drops of pure water will complete the preliminary cleansing, when a drop of Monsel's solution is placed upon the ulcer after its sensibility has been obtunded by the cocaine. After a few such treatments, the nail can be scraped thin by a broken edge of window glass, and then elevated on cotton pledgets till it has grown out enough to allow the ulcer to heal. Another method of softening the nail is to drop a drop of caustic solution of potash upon it and spread gently with cotton in such a manner that the fluid will not enter the matrix. Simple cases are often successfully treated by keeping enveloped in any such

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softening antiseptic ointment as the ointment of oxide of zinc.

If operation be imperative, anesthetize completely by ether or chloroform; do not depend on any local anesthetic, for they are all more or less dangerous or disagreeable. Slit the nail through the middle well up into the matrix, and tear each half off with forceps. Cauterise the depths of the matrix thoroughly with caustic potash stick, making certain that no portion of the nail remains, and that every part of the root has been touched. Dress antiseptically. The operation does not take five minutes after anesthesia is complete, and is invariably successful when properly performed.

X-LIGHT IN THERAPEUTICS.

C. E. Skinner, New Haven, from his experience with the x-ray as a therapeutic agent in cases of malignant growths, draws the following conclusions: (1) The pain of deeply seated cancer is removed by x-light to an extent ranging from slight amelioration to entire disappearance, in a large proportion of cases. (2) In many cases x-light is capable of exercising an influence upon deeply seated cancer of sufficient intensity to retard markedly the progress of the disease, whereby life may be prolonged even in cases in which it cannot ultimately be preserved. (3) In a proportion of cases, the figure representing which has not yet been ascertained, x-light possesses the power entirely to overcome deeply seated malignant processes, restoring the patient to apparently perfect health. (4) A small number of deeply seated malignant growths exhibit absolutely no indications that they are susceptible of influence by x-light, and continue their ravages apparently unimpeded, ultimately compassing the destruction of the patient. (5) Phenomena consisting of chills, rise of temperature, etc., indicating systemic toxemia, not infrequently accompany the treatment of malignant disease by x-radiance. This condition is probably due to the development or liberation of a toxin, the formation of which is also probably dependent upon retrogressive metamorphosis occurring in masses of tissue which have become too deeply involved in the malignant change to be susceptible of regeneration. This auto-infection is capable of reaching a degree of profundity sufficient to overwhelm the nervous system and destroy the patient; therefore it is wise to interrupt the

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treatment temporarily when systemic toxemia first appears, and allow the organism time to rid itself of the noxious accumulation before a further influence is invoked. From these deductions, together with the almost uniformly favourable reports by others, the author believes that the attitude in regard to the use of the x-ray in cancer may be expressed as follows: First, x-light can be relied upon to effect a greater proportion of cures of external cancer than any other measure or combination of measures now known, with the possible exception of massive mercuric cataphoresis as conceived, developed, and recommended by Massey. Second, in all cases of cancer in which it may be considered advisable to use the knife, the influence of x-light in antagonizing cancerous degeneration may be looked upon as indicating its application for a time immediately succeeding the operation in all cases, and in some cases for a time immediately preceding the operation as well. Third, in all inoperable cases the x-ray is indicated, because in a few instances it has apparently effected a cure of processes the most deeply located; in a considerable proportion of cases it has removed pain effectually, and improved the victim's general condition markedly, thereby rendering the remainder of his life comfortable; and, lastly, because it is the only measure that offers the patients anything whatever in the line of hope for ultimate recovery or prolongation of life. The author believes that the reciprocal therapeutic relation of the knife and the x-ray, as regards the management of cancer, will be found ultimately to be an important one. This relationship is considered from three aspects: one of election by the patient, another of election by the x-ray therapist, and a third of necessity, by which the x-ray therapist and the attending physician jointly must be the judges. This third aspect obtains in those cases in which benefit does not follow upon the use of the x-ray alone in which the malignant characteristics continue to be manifest in spite of it. A case should not ordinarily be considered as having assumed this aspect until the rays have been thoroughly tried for at least six weeks, then followed by a cessation of treatment for three weeks longer.—*N. Y. Med. Rec.*—*St. Louis Med. Rev.*

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TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR.

C. E. Thompson, Scranton, concludes that the teachings and writings of surgical authors have been rather discouraging to the general practitioner on this subject.

That in all cases of fractured femoral neck, firm bony union and useful limbs may be anticipated.

That age is not a counter indication to treatment nor to obtaining bony union.

That the patient is best treated by reducing the fracture and immobilizing it.

That this is best accomplished under anesthesia and by the use of the plaster-of-paris spica.

That the immobilization should be continued for a long time, and three months should elapse before allowing weight on the limb.

The Buck's extension with weight and pulley is not sufficient immobilization to obtain bony union.

That the use of apparatus in these cases is expensive hard to obtain when needed, not so efficient in immobilization, and less convenient for the patient and nurse than plaster-of-paris spica.

That the operative treatment in old and neglected cases has succeeded beyond all expectations and deserves a place in surgery among the radical cures for troublesome conditions.

That the patients who usually suffer from the accident being old and enfeebled is a good reason why the physician should make their declining years as peaceful and pleasant as possible.—*Jour. A. M. A.—St. Louis Med. Rev.*

ADRENALIN, THE NEW HEMOSTATIC.

By DR. ENRIQUE LOPEZ, Havana, Cuba.

[Revista Medica Cubana, Nov. 1, 1902.]

I have used the solution of adrenalin chloride, 1 : 1000, in operations, and I have also applied it variously in my ophthalmologic clinic. For the use of patients at home I prescribe a solution having the strength of 1 : 5000.

I have used it for differentiating doubtful cases of iritis and sclerotitis ; sometimes the inflammation slowly disappeared under the application of the solution. In cases of congestive disorders of the eyes I have prescribed a collyrium of adrenalin chloride, of the strength of 1 in 5000, to be

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used four times a day; or of 1 in 2000, twice a day, for aggravated cases.

The restraining power of adrenalin in hemorrhage is surprising. A serious hemorrhage in the nasal canal, caused by the laceration of the mucous membrane with a No. 10 catheter, was checked in less than two minutes by the instillation, at the lacrimal juncture, of three drops of the solution, 1 in 1000. With the aid of adrenalin I operated for pterygium and small tumours on the eyelids, with hardly any loss of blood.

In an iridectomic operation for acute glaucoma with severe congestion of the eye, the hemorrhage was so insignificant as to surprise me, inasmuch as in cases of that character the flow of blood is ordinarily a great obstacle to a perfect operation. All those experiments were privately made in my clinic, where the new medicament is now used as frequently as atropine and cocaine.

In conclusion I will cite a case of enucleation of the eye lately performed in the presence of Dr. Weiss, who administered the chloroform. The patient was a lymphatic young girl. Before operating several drops of the solution (1 in 1000) were instilled, and in the course of the operation three drops more were applied upon the incised tissues. Scarcely any hemorrhage was perceptible during the first period of the operation, and the cutting of the central artery of the retina —which we naturally dreaded—took place without any appreciable hemorrhage. In operations performed under the sole influence of chloroform, it is a well known fact that the severing of the optic nerve is followed by a copious hemorrhage, which is checked by plugging.

These notes, written from memory, have no other purpose than to call attention to the usefulness of adrenalin, and to recommend its employment. Its application to the mucous membranes is painless and inoffensive.

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Jottings.

Warts and Moles.

Warts and moles may be removed by touching them daily with glacial acetic acid, which must not be permitted to touch the healthy skin. If this is carefully done, no scar will be left.—*Toledo Med and. Surg. Reporter.*

A Simple Emergency Intubation Set.

This can easily be made by passing a large soft rubber catheter through the nose, guided by the fingers into the larynx. Cut a soft piece of wood to suitable shape if you have no mouth-gag. Use this instead of a cork; the latter is unreliable, as experience has often proven. The mucus can be readily sucked out by attaching a syringe to the end protruding from the nose. The catheter should be large, the eyelet part cut off and smoothed, and can be fastened to face by adhesive strips.—*Med. Summary.*

Lemons.

I became acquainted with the great value of the lemon in California, where it is used for nearly everything, and as I am never averse to picking up good ideas, I have adopted some of the the "old woman's remedies." Sucking a lemon will very often settle a sour stomach or one that refuses all food. I was poisoned by eating chile-con-carne containing tainted meat, and for days could retain nothing on my stomach until I took lemon juice. This will in some cases stop the vomiting of pregnancy.

A lemon applied to a felon will often abort it. Cut off one end of the lemon and stick in the finger, leaving it twelve hours. Lemon juice is an excellent application for sunburn. I have applied lemon juice with excellent results in follicular tonsillitis. With lemon juice I cured rhus poison that had resisted treatment. It is an excellent remedy for eczema of the legs in fleshy cases with bad circulation. Apply the juice twice a day. In fevers, weak lemonade is often better than water as a drink.—Dr. C. E. Henry, in *Alkaloidal Clinic.*

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SCIATICA.

Iris will permanently relieve some cases of sciatica that do not yield to other treatment. Sometimes the agent may be combined with apocynum with excellent results.—*Chicago Med. Times.*

OVARIAN NEURALGIA.

The following pill has proved of great service:—

℞ Camphor monobromide, gr iss.
Powd. capsicum, gr. ij.
Confec. of roses, q. s. ad 1 pill.

New York Med. Journal.

An old physician claims to have relieved the most obstinate cases of tympanites by placing the patient in the knee-chest position.—(*New England Medical Monthly.*)

Hot water taken freely half an hour before bedtime is helpful in the case of constipation, it is said, while it has a most soothing effect upon the stomach and bowels, and the treatment, continued a few months, with proper attention to diet, will cure any curable case of dyspepsia.—(*Merck's Report*)

In view of the fact that formaldehyde is coming more and more into general use as a disinfectant, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia-water. It may be given in the form of ammonia-water (a few drops well diluted) or the aromatic spirit of a solution of ammonium acetate. —(*Merck's Archives*).

D. Strater (*Munchener Med. Wochenschrift*, September 2) recommends as a new remedy for bedsores the application to the injured area of a piece of felt, ten centimeters long and twelve centimeters broad, with an opening about four centimeters in diameter. The upper surface is supplied with some adhesive material so that it shall stick well to the skin, and not become loosened with the movements of the patient, while protecting the bedsore from every pain and pressure. In from five to six days, without any other medication, the dried crust falls off, leaving normal skin beneath. The method has proved of excellent service in several cases that the author reports, without any disadvantages.—(*New York Medical Journal*).

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Sweating of the feet is exceedingly annoying to the unfortunate who is the victim of it. G. A. Stefanovsky (*La Semaine Médicale*, October 22, 1902) has found the following procedure to be of value: The feet are first washed in ordinary water, and the soles, from which the worse sweating usually proceeds, are lightly rubbed with a piece of ordinary soap, softened in water. After a few minutes, when the lather of the soap is almost dry, the stockings and boots are put on. This treatment must be repeated three times a week. By degrees the washing with which the first treatment was begun may be decreased, and finally omitted. This observer has used this procedure in some twenty cases of hyperhidrosis plantaris, of which three presented maceration and ulceration. In all, within a short time, the quantity and foulness of the secretion decreased. The application of the soap produces a pleasant sensation of moisture and softness. It is recommended as a simple and efficient means of curing this socially inconvenient condition.—(*Medical News*).

Therapeutic Notes.

HÆMOPTYSIS.

There is no doubt that of all the internal remedies for hæmorrhage of the lungs, aconite is the best. If the patient is too much exsanguinated to use sedatives, place the head lower than the feet and apply Esmarch bandages to the limbs. If the hæmorrhage is just beginning, the following may be inhaled from an automizer throwing a fine spray:—

℞ Liquor ferri subsulphat..... .... *m*xx-xxx.
Aquæ dest..... .... ℥iv.
M. Sig.: Use every few minutes.

Or:—

℞ Acid. tannici ....gr. xx.
Glycerini .... ℥ij.
Aquæ dest..... .... ad ℥iij.

Or:—

℞ Aluminis..... ....gr vj.
Aquæ dest..... ..... ℥iij.

(*Practitioner*).

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ACUTE ARTICULAR RHEUMATISM.

℞ Sodii salicylatis.....3ij.
Ichthyoli.....f℥j.
Adipis lanæ hydrosi.....℥j.
M. et ft. ungt.
Sig.: Apply freely to joint and envelop in cotton-wool.

℞ Tinct. opii,
Glycerini, of each.....f℥ij.
Potassii bicarbonatis.....℥j.
Aq., q. s. ad.....f℥xvj.
M. Sig.: Warm and apply to joints on soft cloths.—
(*New England Medical Monthly*).

A NON-IRRITATING ANTISEPTIC OINTMENT FOR BURNS.

The *Revista de Medicina y Cirurgia de Habana* for July 10 gives the following formula as very antiseptic and not at all irritating :—

℞ Sodium naphtholate, 4½ grains.
Spirit of geranium,
Spirit of origanum,
Spirit of verbena,
Spirit of thyme, of each, 3 grains.
Pure white petrolatum, 1 ounce.—M.
—*New York Medical Journal.*

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Editorial.

THE TEMPLE OF ASCLEPIOS DISCOVERED.

The New York *Medical Journal* says: "The Temple of Asclepios at Cos has recently been discovered by Dr. Rudolph Hertzog, of the University of Tübingen, who has been making excavations in the island of Cos. The temple measures about a hundred feet in length by forty-five in breadth. It was built of native marble and has a large number of fine columns. A number of interesting inscriptions have been brought to light and also a fragment of a marble bas-relief representing Hygeia with a large snake, the symbol of medical science.

THE AMERICAN CONGRESS ON TUBERCULOSIS.

The next meeting of the above Association will be held in St. Louis, Mo., 18th July to 23rd, inclusive. The 3rd Vice-President is Dr. E. J. Barrack, of Toronto, and the Treasurer, Dr. P. H. Bryce, of Toronto. The Secretary is Dr. George Brown, of Atlanta, Georgia.

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OIL BURNING LOCOMOTIVES.

Coal oil for developing motor power has, on a small scale, been used for a number of years on launches and small yachts. Within a couple of years, however, owing to the discovery of fuel oil in enormous quantities in Texas, its use has very largely increased, and not a few railways in the United States are now equipped with oil-burning locomotives. The Texas *Medical News* in a recent issue says: "Here one witnesses nearly every passenger locomotive equipped with the oil-burning apparatus pulling long trains with ease and regularity, minus smoke and cinders, and robbing travel of one of its most annoying features." Quite recently the United States navy made a practical test of oil for fuel on long sea voyages with very satisfactory results. The steamer "Mariposa" sailed from San Francisco to Tahiti and return, a distance of 6,878 miles, using oil for fuel and carrying only one day's emergency supply of coal. The results, according to the report of Lieutenant Ward P. Winchell, show that oil is in many ways preferable to coal. It required 1½ pounds of oil an hour per horse power, which is 50 per cent. less in weight of fuel than would be required of coal. The voyage out was made in 262 hours and the return trip in 260 hours, the better time being attributed to the improved work of the stokers after their experience on the outward voyage. The use of oil permitted a reduction of the "Mariposa's" complement from 81 to 65 hands, the number in the engine-room having been reduced from 36 to 21 men. Careful investigation failed to show any injury to the boilers from the use of the oil flame. The oil is fed to the burners in a spray and an improvement was made in the atomizing by the use of compressed air instead of steam.

COMMITTEE ON PROPHYLAXIS OF VENEREAL DISEASES.

At the last meeting of the American Medical Association, held at Saratoga Springs, June 10-13, 1902, a joint resolution from the Sections of Cutaneous Medicine and Surgery and

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Hygiene and Sanitary Science was introduced in the House of Delegates as follows:—

"*Whereas*,—There is a burning necessity to check the spread of venereal diseases, and, assuming that the States cannot with impunity ignore the condition, it lies in the province of the medical profession to discuss and recommend to the respective State Legislatures and Municipalties means not regulamentative, but social, economic, educative and sanitary in their character, to diminish the danger from venereal diseases."

"*Resolved*,—That the Section on Cutaneous Medicine and Surgery of the American Medical Association invite the Section on Hygiene and Sanitary Science to co-operate with the Section on Cutaneous Medicine and Surgery in bringing about a propaganda in the different States, looking toward a proper recognition of the dangers from venereal diseases, and to arrange for a national meeting under the auspices of the American Medical Association for the Prophylaxis of Venereal Diseases similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year at Brussels under the authority of the Belgian Government."

This was later submitted to the House of Delegates, which endorsed the action of Section and adopted the following:

"*Resolved*,—That a Joint Committee of six from the Sections on Hygiene and Sanitary Science and Cutaneous Medicine and Surgery be appointed by the President to stimulate study in and uniform knowledge of the subject of the Prophylaxis of Venereal Diseases, and to present to the American Medical Association a plan for a national meeting similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year in Brussels under the auspices of the Government of Belgium."

The Committee on Prophylaxis of Venereal Diseases consists of:—Dr. Henry D. Holton, Chairman, Brattleboro, Vt.; Dr. Ludwig Weiss, Secretary, 77 East 91st street,

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New York; Dr. George M. Kober, 1600 "T" street, Washington, D.C.; Dr. W. H. Sanders, Montgomery, Ala.; Dr. L. Duncan Bulkley, 531 Madison avenue, New York City; Dr. Frank H. Montgomery, 100 State street, Chicago, Ill.

The peculiar social, racial and political conditions of the United States and Canada are so different from those on the continent that they necessitate an expression of solely American ideas on this question, both from a socio-economic and sanitary point of view.

The Committee desires the support of the medical profession to help them in this work. It would be glad of personal correspondence from those supporting the movement and who will contribute by papers, etc., to make it a success in case the House of Delegates should favour the holding of such a Congress.

INTERNATIONAL MEDICAL CONGRESS.

The 14th International Medical Congress will take Place in Madrid, Spain, from the 23rd to the 30th April, 1903. The address of the British Secretary is 11 Ludgate Hill, London, from whom all information may be obtained.

The New York *Medical Critic* announces that each subscriber to that journal will receive a free copy of the *Medical Index* next month (March, 1903).

The volume will contain names, places and date of publication, price, circulation and names of editors and publishers of over 600 of the principal medical publications in this country and abroad, and also the titles and authors of each article published during the year 1902, arranged according to subjects and alphabetically. When it is noted that the list is complete up to January, 1903, it should prove especially valuable in bridging over the period which has elapsed since the *Index Medicus* was discontinued.

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Considering the expenditure of time and money in the preparation of this volume, and the liberality of the publishers in presenting it free to the profession, the enterprise marks a new era in medical journalism, and merits appreciation and success.

Personal.

Dr. Lapthorn Smith, of Montreal, intends to leave New York on the 24th March, by the White Star steamer "Cedric," for a few weeks' travel in Europe, including a week's stay at Madrid for the International Congress, which opens on 23rd April, and before which he has been invited to read a Gynecological paper. He expects to return by the "Tunisian" on the 14th May.

Book Reviews.

The Practical Medicine Series of Year-Books comprising ten volumes on the year's progress in Medicine and Surgery under the general editorial charge of Gustavus P. Head, M.D.. Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. December, 1902: Chicago. The Year Book Publishers, 40 Dearborn street.

These year books are issued monthly—the one for August, 1902, embracing Physiology, Pathology and Bacteriology; that for September embraces Skin, Venereal, Nervous and Mental Diseases; the issue October is entirely devoted to general medicine. Each issue is thoroughly up to date and contains very valuable information regarding the progress the various divisions of medicine are making.

F. W. C.

The Eye, Ear, Nose and Throat, Volume III., edited by Casey A. Wood, C.M., M.D., Albert H. Andrews, M.D., T. Melville Hardie, A.M., M.D. December, 1902: Chicago. The Year Book Publishers, 40 Dearborn street.

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This handy little volume treating of the advances made in Ophthalmology, Otology, Rhinology and Laryngology during the year 1902 is very welcome both to the general practitioner and to the specialist. In it all the literature published during the year has been epitomized, and the reader without the necessity of toiling through the many monthlies, weeklies and volumes of transactions has the various improvements in diagnosis, therapeutics, operative technique, etc., described and commented on in a concise and lucid manner. The volume forms part of a year-book treating all branches of medicine and the publishers are to be commended for their good sense in giving the doctor ten small volumes instead of one large and cumbersome one.

G. H. M.

A Manual of Practical Hygiene for Students, Physicians and Medical Officers. By Charles Harrington, M.D., Assistant Professor of Hygiene in the Medical School of Harvard University, second edition, revised and enlarged, illustrated with 12 plates in colours and monochrome, and one hundred and thirteen engravings. Lea Brothers & Co., Philadelphia and New York, 1902.

The fact that within little more than a year a second edition has been called for must be a gratifying evidence both to author and publisher that it has filled a requirement. During the interval, research in the field of hygiene has been both active and fruitful, and the results have been incorporated in the present volume. There is an excellent chapter well illustrated on the relation of insects to human diseases. The amount of new material occupies about seventy pages, but the size of the book remains almost the same by the excision of about thirty pages which dealt chiefly with quarantine law and obsolete matter. It is a very complete, up-to-date, practical work, written in a lucid and attractive style. It will give me pleasure to recommend it to all interested in the study of hygiene.

L. L.

The 1903 Standard Medical Directory.—That the publication of a high-class Medical Directory—correct, comprehensive, attractive and influential—is appreciated by the profession is proven by the cordial reception given the 1902 edition of the Standard Medical Directory of North America and the promising auspices attending the 1903 edition now in active preparation with the aid, so the publishers state from actual computation, of nearly twenty-five thousand corresdents representing every State, province, county, city and town of any size in North America. The new volume will consist of about 1,300 pages comprising complete Directories

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respectively of the Physicians of all North America, colleges, societies, hospitals, sanitariums, mineral springs, publications and in fact everything related to medicine. The new features (including an alphabetical Index of Physicians with Post-Office Addresses and Rosters of Practitioners of the Specialties) will, it is stated, add about one-third to the volume of work.

The Surgical Diseases of the Genito-Urinary Organs. By E. L. Keyes, A.M., M.D.. LL.D., and E. L. Keyes, Jr., A.B., M.D., Ph.D. D. Appleton & Co., Publishers, New York, 1903.

A very worthy revision of Van Buren and Keyes's text-book, omiting syphilis and giving prominence to the surgical side of urinary disorders at the expense of the sexual and veneneral disorders.

The study of gonorrhœa, however, with its most remote complications, has been very thoroughly and clearly dealt with, and is well worthy of the careful study of all practitioners. The chapters on the affections of the posterior urethra, prostate and seminal vesicles are especially good, and many "pointers" are found in the chapter on the "Treatment of Urethral Inflammation and Their Immediate Complications."

The binding, printing, paper and illustrations are of a high order and do credit to the publishers.

We take much pleasure in recommending this work to both students and practitioners.

G. F.

PUBLISHERS DEPARTMENT.

AN INTERESTING AND EXCELLENT EXAMPLE FROM THE COAST OF MAINE.

A professional call up on the Maine coast in midwinter at Ogonquit, York county, furnishes many delightful opportunities for enjoying some of the pleasures of a country doctor's life. On a case of ugly, persistent, nagging cough, in a case of broncho-pneumonia, I had the pleasure of suggesting glyco-heroin (Smith) to good advantage. The attending physician, Dr. J. W. Gordon, of Ogonquit, one of the able and busy medical men of Maine, related to me the details of a very aged patient who was almost dead from exhaustion with a case of irritable cough, due to chronic bronchitis, complicated by hiccoughs, that everything had failed to relieve. The glyco-heroin (Smith), in teaspoonful doses, relieved the cough and cured the hiccough magically and permanently; patient was soon able to take nurishment and is recovering rapidly.—From *The Medical Mirror*, March, 1903.

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